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## Information for Physicians Regarding Directly Observed Therapy (DOT) for Active Tuberculosis

### **DOT is recommended public health practice<sup>1, 2</sup>**

Directly Observed Therapy (DOT) is a technique of delivering tuberculosis (TB) treatment to ensure timely completion of treatment, prevent further TB transmission, and prevent development of drug resistance. National guidelines recommend DOT as standard treatment for TB disease. Rates of relapse and development of acquired drug resistance have decreased when DOT is used.

### **DOT ensures adherence and treatment completion**

When combined with case management, DOT improves completion of TB treatment when risk factors associated with poor adherence are present.<sup>1</sup> Each patient is assigned a DOT worker who visits the home or other prearranged site. The DOT worker watches the patient ingest and swallow each dose of the prescribed TB medication. The DOT schedule is repeated to ensure the patient receives the entire course and correct dose of medication. An alternative to DOT in selected patients is Video Observed Therapy, using a video phone to observe patients as they ingest and swallow their TB medication without sending a TB worker to the field for direct administration of medication.

### **DOT helps your TB patients**

Poor adherence to TB treatment is one of the main reasons patients are not cured. Public health departments understand that private sector physicians generally do not have the resources to monitor whether their patients take their medications as prescribed. DOT is available to help ensure patient adherence and makes taking TB medication simpler for patients. DOT may help identify adverse medication reactions early, since a DOT worker sees the patient frequently.

### **DOT protects public health**

Public health professionals are responsible for safeguarding public health and preventing TB transmission. Working with all providers to help ensure that TB patients get the treatment they need and achieve cure is a state and national public health priority.

### Considerations for DOT

Always use DOT	Strongly recommended for DOT	
<ul style="list-style-type: none"><li>Intermittent TB treatment regimen</li><li>Failing TB therapy</li><li>TB drug resistance</li></ul>	<u>Risk factors associated with poor adherence</u> <ul style="list-style-type: none"><li>Substance abuse</li><li>Homelessness or unstable housing</li><li>History of poor adherence with medications and medical management</li><li>Poor or non acceptance of TB diagnosis</li><li>Major psychiatric disorder or cognitive problems</li><li>Children 0 – 18 years of age</li><li>Frail elderly</li></ul>	<u>Likely to transmit TB to others</u> <ul style="list-style-type: none"><li>Pulmonary TB with sputum AFB (+) smears at diagnosis</li><li>Cavitary pulmonary disease</li></ul>
		<u>Patients at higher risk for severe outcomes such as:</u> <ul style="list-style-type: none"><li>HIV/AIDS</li><li>Immunosuppression</li><li>Too ill to self manage</li><li>Previous TB treatment</li><li>Slow sputum conversion</li><li>Adverse reaction to TB medications</li></ul>

**To find out more about DOT for your patients, contact your local public health department.**

- Centers for Disease Control and Prevention. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR 2005; 54(No. RR-12)
- California Department of Public Health/California TB Controllers Association, JOINT GUIDELINES, Guideline for the Treatment of Active Tuberculosis Disease, 4/15/2003

September 27, 2011